

EXHIBIT 2

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08/14/2024

Page 1

1 UNITED STATES DISTRICT COURT

2 IN AND FOR THE DISTRICT OF WYOMING

3 STEPHANIE WADSWORTH, individually)

and as Parent and Legal Guardian)

4 of W.W., K.W., G.W. and L.W.)

minor children, and MATTHEW)

5 WADSWORTH,)

Plaintiffs,)

6 vs.)

WALMART, INC. and JETSON)

7 ELECTRIC BIKES, LLC,)

Defendants.)

Case No.:

2:23-cv-00118-NDF

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14

Wednesday, August 14, 2024

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Videoconference deposition of

17 RONALD E. SYNDER, M.D. was taken via Zoom,

18 before Elizabeth M. Kondor, Certified Court

19 Reporter and Notary Public, on the above date,

20 commencing at 11:00 a.m.

21

22 LEXITAS LEGAL PHILADELPHIA

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24 PHILADELPHIA, PENNSYLVANIA 19103

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1 anything of that nature, that's correct.

2 Q. Are there any of Stephanie

3 Wadsworth's treating physicians that you --

4 strike that.

5 Have you spoken with any of Stephanie

6 Wadsworth's treating physicians?

7 A. I have not. After I saw the patient,

8 I had some discussions with plaintiffs' counsel,

9 as far as needing to get some additional

10 clarification, because I'm not a plastic

11 surgeon. And in order for me to put particular

12 procedures in, it would be inappropriate for me

13 to add those procedures.

14 And you'll see in my life care plan,

15 I have a list of procedures that I presume the

16 patient is going to be needing, but I could not

17 put in because that's outside of my wheelhouse.

18 So I presume in the future, there will be some

19 additional experts or counsel will set up an

20 appointment for me to speak with those treating

21 physicians. But at this point, none of that has

22 been arranged at this point.

23 Q. And it sounds like Dr. LeChapelle is

24 the only one that you've actually reached out to

25 as part of your work in this case?

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1 origin and cause investigation, correct?

2 A. That's correct.

3 Q. Are there any documents that you
4 asked for as part of your evaluation in this
5 case that you are waiting to receive or just
6 have not been given?

7 A. After I saw the patient, I did speak
8 with counsel, indicating that I could not put in
9 the specific types of plastic surgical
10 procedures, the types of pulmonary procedures
11 and so forth; that if he did do that, then I
12 would have to -- I would then do the research
13 and the costs. So I did have listed the
14 procedures that I could not do pricing for that
15 I suggested would ultimately come if I got
16 further documentation. And that would be found
17 on page 64.

18 Q. Okay.

19 A. That I could not do life care
20 planning as a physiatrist, and, therefore,
21 suggested that we were going to need some
22 additional consultations, if I were to put those
23 values into the life care plan.

24 Q. Since we've been referring to your
25 report, Doctor, why don't we just go ahead and

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1 mark it.

2 I'm going to show you a copy of your
3 report. And we can mark your report as Exhibit
4 64.

5 (Exhibit 64, Life Care Plan Report
6 prepared by Ronald Snyder, M.D., is
7 received and marked for identification.)

8 Q. And just so we can confirm that we're
9 on the same page here, obviously, I won't page
10 through all 172 pages to have you authenticate
11 them, but here is the first page, and it's 172
12 pages long.

13 Is that consistent with the report
14 that you authored in this case?

15 A. That is correct.

16 Q. And then I'll also mark as Exhibit
17 65, I've call it the Life Care Plan Summary, I
18 don't know if you have a different name for it,
19 but it is a five-page document that, kind of,
20 basically, boils down the 172 pages into a
21 little more readable format.

22 (Exhibit 65, Lifetime Cost Summary,
23 is received and marked for identification.)

24 A. What it is is, the life care plan is
25 what we just spoke about, the Word document.

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1 I sent that the attorneys, and then they could
2 call me and say What's the value of this? So I
3 put this into an Excel report. I have a young
4 high school graduate who is very good at Excel
5 reports, who I try to protect, because I don't
6 want her having to testify. So I put in red,
7 "This spreadsheet of Lifetime Costs is provided
8 as a Professional Courtesy. As it is a Work
9 Product, it is NOT to be released or published.
10 Additionally, this document does not replace the
11 findings and work of an Economist."

12 So this is the shorthand version to
13 give the attorney as to what the ultimate value
14 would be, but I can't testify as to the veracity
15 of the numbers. But it is a shorthand idea of
16 what the life care plan really is.

17 Q. When you say you can't testify to the
18 veracity of the numbers, what do you mean by
19 that?

20 A. That's what I mean. This is work
21 product. A young high school girl does it for
22 me. I don't know how to do the equations and so
23 forth. So this is, basically, to provide to the
24 attorneys on the side. This is not the life
25 care plan. This is, basically, a summary, so

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1 they can get an idea of what the costs would be,
2 but it's not the life care plan.

3 Q. So in going through and looking at
4 the average costs per lifetime figures, do you
5 verify that these figures are consistent with
6 what's in your expert report?

7 A. No. That's why I'm saying, I send
8 this to the attorneys for a shorthand term and
9 say very, very specifically that this
10 spreadsheet of lifetime costs is provided as a
11 professional courtesy. This gives them a
12 shorthand understanding of the value of the
13 case.

14 Q. So as far as the numbers that are
15 listed here, understanding you have a high
16 school grad employee or 1099 consultant help you
17 out with this, you don't do anything to verify
18 that these numbers are indeed correct?

19 A. That is correct. It's, basically, to
20 give them a general idea of the value of the
21 case. That's why it's in full red. I try to
22 protect her at all costs.

23 Q. And then I presume the lifetime total
24 of \$3.698 million and some change, have you
25 verified whether that total is correct?

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1 A. No. Basically, this is something I
2 give to the attorneys, so that they can end up
3 getting an idea of what they ultimately send to
4 an economist. And the economists do not use
5 this. They use the actual 172-page report for
6 them to do their own reports.

7 Q. And in your report, you do not
8 provide any final figures, correct, as far as
9 what the overall life care plan would cost?

10 A. Correct. I, basically, do a weekly,
11 yearly, monthly of the values. And then I have
12 that report ultimately go to the economists,
13 because they do lots of other manipulations with
14 those numbers for an ultimate amount of money
15 that should be involved.

16 Q. Okay.

17 So you would ultimately rely on an
18 economist to provide the final life care plan
19 figures that would be claimed as damages in this
20 case?

21 A. That's correct.

22 Q. Okay.

23 So as you sit here today, you, as a
24 life care planner, you do not provide the final
25 figures that would be attributable to the damage

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1 claim, correct?

2 A. Correct.

3 Q. Are you aware of any economist that
4 has done the calculations relative to your life
5 care plan in this case?

6 A. I am not.

7 Q. Okay.

8 Is it a typical situation where -- or
9 let me take a step back.

10 Generally, when you do your life care
11 plans, are you in contact with the economist to
12 provide them your life care plan?

13 A. No. Most of the time, my reports are
14 simply sent to the economists. Occasionally,
15 I'll get a phone call wanting me to define
16 biweekly or some kind of a question as far as
17 verbiage. But the majority of the time I am not
18 contacted by the economists.

19 Q. Okay.

20 And then there were three
21 questionnaires that you had Mrs. Wadsworth
22 complete?

23 A. Yes.

24 Q. And they were completed prior to your
25 home visit; is that accurate?

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1 was for vision. And one was for an episode of
2 cellulitis.

3 Do you see that?

4 A. Correct, of the ear, yes.

5 Q. Those three visits are unrelated to
6 her burn injuries, correct?

7 A. Well, the rash on the ear, I believe
8 that was an infection of the burn. And the
9 callus of the foot was also from the burns.

10 Q. Where is there a callus from the
11 foot? Oh, you're talking about the one below
12 that. I wasn't talking about that one.

13 A. Yeah.

14 All of those are related, from my
15 understanding, as secondary complications from
16 the burns.

17 Q. Okay.

18 A. And the vision, she knew she had
19 problems with corneal burns and that she was
20 having some blurred visions, so she ended up
21 seeking medical treatment. It sounds like they
22 just found regular vision problems, a stigma and
23 so forth, but she sought that because she
24 thought she had a burn of the cornea.

25 Q. So you think that the vision

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1 treatment with Desert View Eye Care is related
2 to the burn injuries?

3 A. No, but she sought evaluation because
4 of the potential. But what the diagnosis was
5 was the usual optometric problems of growing
6 older.

7 Q. Okay.

8 And then the COVID issue, obviously,
9 unrelated to her burn injuries, correct?

10 A. Correct.

11 Q. Okay.

12 On page 13, you discuss the current
13 treatment that she is going through.

14 And at No. 3a on that page, you
15 reference some laser therapy and injections,
16 correct?

17 A. Correct.

18 Q. Do you know what frequency she is
19 getting laser therapy?

20 A. Not much at all. So she can't get it
21 locally. It's a three-hour drive. And by the
22 time she drives and waits for the appointment,
23 gets the treatment and so forth, she's,
24 basically, indicating that she can't afford it.
25 Also, she has to have her husband take off to do

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1 it.

2 So, I mean, I had a long discussion
3 with her. I told her she needs to move to Utah.
4 And she's not been able to get a lot of
5 treatments. From what my understanding is, it's
6 basically because of the travel and the time off
7 from work and so forth. So she's missing a lot
8 of the treatments.

9 And the treatments she told me she
10 needed to be every two weeks, every six weeks.
11 And that's why I thought, when I got that story,
12 we really need to have a plastic surgeon to give
13 me the optimal number of what needs to be done
14 so I can provide an appropriate life care plan.

15 Q. So as far as laser therapy treatments
16 going forward, you don't have an opinion as to
17 what those may be, correct?

18 A. Well, she's had a lot. And she
19 actually had to have anesthesia for it. They're
20 large areas. But, again, I don't have a plan.
21 And I don't have, actually, the area. And I
22 would kind of like need to have a plastic
23 surgeon let me know what the CPT code would be
24 for that and so forth to really accurately
25 provide a life care plan.

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1 Q. Right.

2 So as you sit here today, you, number
3 one, don't know the frequency of laser therapy
4 treatment that she'll need going forward,
5 correct?

6 A. Correct.

7 Q. And you don't know the duration,
8 meaning how many years into the future or how
9 often she'll need the laser therapy treatment,
10 correct?

11 A. Correct.

12 Q. And you don't have the cost of the
13 laser therapy treatment, correct?

14 A. Correct. So I only put in office
15 visits. And I don't have any procedures.

16 Q. And as far as the injections that she
17 is getting or has received, do you know what
18 those injections are and where they are located?

19 A. I don't. It sounded like they may
20 have been PRP. It sounded like it may have been
21 the stem cell stuff. It also sounded like maybe
22 some steroids which are often injected, but I
23 don't know what their plans are.

24 Q. Okay.

25 So similar questions with respect to

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1 the injections, as you sit here today, you do
2 not know the frequency in which she may need
3 those going forward, correct?

4 A. That's correct.

5 Q. And you don't know the duration in
6 which she may need those going forward, correct?

7 A. Correct. That's outside of my
8 wheelhouse of experience and training and
9 background.

10 Q. And you don't know the cost of the
11 injections going forward, correct?

12 A. I would be able to do the cost if I
13 knew the procedures, but I do not at this time,
14 that's correct.

15 Q. And then with respect to her feet, it
16 looks like she has had treatment on her left
17 foot a couple of times, and there's some pending
18 treatment on her right foot.

19 A. Yes.

20 Q. Okay.

21 Do you know what the treatment on her
22 left foot has been and what the pending
23 treatment for her right foot is to be?

24 A. I kind of do. And I would end up
25 respectfully asking you to turn to look at what

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1 Q. With respect to the calluses that she
2 has on her left and right foot, as you sit here
3 today, you don't know what type of treatment she
4 will require going forward, correct?

5 A. Correct. I mean, my experience has
6 been, they've done radiation to some of my
7 patients that have done this. I've seen where
8 they do cold laser treatments, two treatments.
9 I just don't know. I think, certainly, just
10 shaving off the calluses, which is what she has
11 had so far, is not appropriate, and she's going
12 to need more than that, but I don't know. I
13 have to refer to a plastic surgeon.

14 Q. And you don't know what type of
15 duration of treatment she may need to address
16 the calluses on her feet, correct?

17 A. Correct. And that may be open-ended.
18 They may need to do that for a lifetime. I
19 don't know.

20 Q. The inverse of that is, it may not
21 need to be done for her lifetime, correct, you
22 just don't know?

23 A. Correct.

24 Q. Okay.

25 And the cost associated with any

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1 treatment for the calluses on her feet, as you
2 sit here today, you also don't know that,
3 correct?

4 A. Correct. I would have to defer to a
5 plastic surgeon, who needs to see the patient
6 and help me to provide any further response.

7 Q. And going to page 14 of your report,
8 this is where you have a picture of the four
9 children as well. And you indicated that they
10 were present during the home visit, correct?

11 A. They were. They were watching TV. I
12 was sitting where I'm sitting, there's a dining
13 room table and we were sitting at the dining
14 room table, and the children were watching
15 cartoons.

16 Q. Okay.
17 Did you, aside from any pleasantries,
18 interact substantive with the Wadsworth
19 children?

20 A. I did.
21 The one child, Weston, when I found
22 out that he was having problems and had burns
23 and was reduced to wear shorts and so forth, I
24 did see him, I did examine him, I did photograph
25 some of the burns, but did not issue any reports

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1 sleep issues prior to the fire?

2 A. I believe I asked her question, but
3 I'm trying to remember herself. She did have
4 some problems with depression minimally at one
5 time in her life. But she described, I believe,
6 the sleep is definitely a new thing, from what I
7 recollect. I don't have it listed, but I'm
8 trying to remember. And I remember kind of
9 going into that. It's definitely worse at this
10 point. But I don't know whether or not she had
11 some mild sleep problems. But, to my knowledge,
12 it's definitely worse. That's the best I can
13 answer.

14 Q. Do you know whether she was sleeping
15 on a small foam mattress in the living room
16 prior to the fire due to sleep issues that she
17 was having? Are you aware of that at all?

18 A. No.

19 Q. Were her prior pre-fire sleep issues
20 discussed at all with you during your interview,
21 or did you focus on the post-fire or both?

22 A. I think I did ask, so did you have
23 sleep problems in the past. And I just -- I
24 thought maybe she had some mild sleep problems,
25 and that they were worse, to my best

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1 intubated for multiple weeks, she would have
2 been on medication that would have prevented
3 withdraw. So by the time she became more awake
4 and conscious, she would have been past the time
5 for withdraw symptomatology, in my background
6 and training.

7 Q. On to page 16, these just discuss
8 some of the pre-fire medical issues that she
9 had, correct?

10 A. Correct.

11 Q. And one is the postpartum depression,
12 which you already mentioned. She also had back
13 pain and back surgery as a result of that.

14 You're aware of that, correct?

15 A. I am.

16 Q. And I'm going to butcher this, but
17 vitiligo --

18 A. Vitiligo.

19 Q. Vitiligo - V-I-T-I-L-I-G-O, Betsy - I
20 had to Google it, but it's, basically, a
21 pigmentation issue with the skin, correct?

22 A. Yes. You know, in preparation for
23 the depo, I realized that I did not know how to
24 address that and plastic surgery is going to
25 need to address that. So you end up having a

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1 pigmentation problem, but then if you have a
2 burn that goes into the pigment layer, I don't
3 know whether or not additional services are
4 going to be required because of the preexisting
5 condition.

6 We did talk about tattooing eyebrows
7 and so forth. There are ways -- and she has
8 some changes in the pigmentation in the forehead
9 and so forth. I think plastic surgery may treat
10 her slightly differently because of that
11 diagnosis. She may be at more of a risk of a
12 more intense treatment.

13 Q. Okay.

14 Do you know where the pigmentation
15 issue affected her prior to the fire?

16 A. I do not.

17 Q. Is there a typical location that the
18 pigmentation issue generally affects someone or
19 is it really just --

20 A. I haven't read the literature. In my
21 experience, I've seen it everywhere, so I don't
22 know.

23 Q. So it really depends on the patient,
24 it could be various parts of the body?

25 A. Correct.

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1 A. I don't.

2 Q. And it looks like the only current
3 medication she is on is the Resta Lite lotion;
4 is that correct?

5 A. Yes. She'll either use that. Or if
6 she doesn't have the money to buy that, she'll
7 just use lots of regular Vaseline.

8 Q. And the Resta Lite lotion I presume
9 is used for all of her burn injuries?

10 A. Yes.

11 Q. And is that an over-the-counter or is
12 that a prescription?

13 A. I believe it's over-the-counter.

14 Q. At this point is she taking any other
15 medications currently?

16 A. She's not. She is, basically,
17 self-medicating to sleep with alcohol, rather
18 than using prescriptive meds.

19 Q. Okay.

20 And have you discussed her smoking
21 habits with her?

22 A. Well, we did. And, again, I'm a
23 midwesterner and I'm used to being out in the
24 mid-west, and I saw a lot of people smoking and
25 a lot of people using alcohol. And I talked to

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1 her. She smoked a pack a day and has done so
2 for 20 years. And I've spent some time talking
3 to her about needing to stop the cigarettes as
4 well.

5 Q. And the cigarette use obviously with
6 it being 20 years at about a pack a day
7 certainly predated the fire, correct?

8 A. Correct.

9 Q. And it's still ongoing today?

10 A. Correct.

11 Q. Going to page 18, and on this page,
12 you get into the Activities of Daily Living
13 Checklist. And it looks like this is likely
14 taken basically from her ADL questionnaire?

15 A. Correct. This is a lady who says
16 Don't tell me I can't do it, I can show you I
17 can. And so she does everything. And she
18 leaves a trail of blood behind. She talks about
19 when she does the laundry, her hands bleed.
20 When she cooks, her hands bleed.

21 So she, basically, does everything,
22 but then has skin breakdown when she does some
23 of the things. But she, basically, is pretty
24 activity and really tries not to let this
25 discourage her from being a day-to-day

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1 functioning person.

2 Q. Does she wear any protective gloves
3 when she does her ADLs?

4 A. No. We talked about wearing some
5 gloves when she's out and about. But you can't
6 use gloves when you're cooking. You can't use
7 gloves, like, when you're reaching into the
8 washer and dryer, she'll scrape her hand and
9 she'll bleed. So they don't wear gloves
10 normally throughout life. But you'll do it if
11 you think you're doing something active like
12 gardening and so forth.

13 Q. Does she use gloves at all for any
14 ADLs?

15 A. I don't know. I know we talked about
16 gloves, but I don't remember whether she uses
17 them or not. I didn't see any or I would have
18 photographed them.

19 Q. So at least by Mrs. Wadsworth's
20 self-reporting, she says that she does not need
21 help with her ADLs, correct?

22 A. She doesn't say she doesn't need
23 help. She says, I'm doing it myself. She never
24 asks for help. When I talked about what we
25 would put in the life care plan, she was open to

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1 to her now and needed to come, and they grow

2 back very quickly.

3 Q. And you don't know if there's any way

4 to permanently remove those lesions at this

5 point, correct?

6 A. And, again, and if I could have a

7 plastic surgeon opine, I would certainly defer

8 to the plastic surgeon on that.

9 Q. Okay.

10 So with these three line items, is it

11 your anticipation that you will be doing

12 additional work on these line items?

13 A. I would certainly hope so, or it's

14 just not brought to the table, and there's no

15 money put aside for that. I certainly can't

16 apply -- I have to stay within my wheelhouse of

17 background and training.

18 Q. Okay.

19 And, certainly, understanding your

20 background and training, you agree, as you've

21 noted in your report, that, at this point, you

22 are unable to determine the cost of these three

23 line items, correct?

24 A. And the frequency, that's correct.

25 And I would end up asking them to help me with

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1 the CPT codes. One of the problems is, when
2 they've done the CO2 burns, if you read the
3 records, it includes the anesthesia and it
4 included several large areas. And so I presume
5 there are different CPT codes, given the amount
6 of space or the amount of surface area, as well
7 as the duration under anesthesia. So there's
8 just a lot of stuff that I would not be able to
9 add.

10 Q. And you are not able to add that
11 without further guidance from her treating
12 physicians, true?

13 A. Absolutely.

14 Q. Okay.

15 A. Or an expert.

16 Often, I find my university treating
17 doctors are not even permitted to offer legal
18 opinions, and so sometimes we have to go and
19 hire an expert. So we just need to have a
20 plastic surgical expert to be able to offer
21 those opinions.

22 Q. Okay.

23 With respect to the "Semi-Permanent
24 Tattoo for Her Right Eyelid," is that something
25 that Mrs. Wadsworth has expressed an interest in

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1 getting?

2 A. We talked about it. She's
3 embarrassed. And so I did do the pricing and
4 found that it doesn't last forever, and so we've
5 got that as a potential charge.

6 And, again, I would probably ask a
7 plastic surgeon their opinion. Maybe do a
8 permanent one. I don't know what's out there.
9 I'm not a cosmetic person, and so I would
10 probably defer, again, for a plastic surgeon for
11 his or her opinion on that.

12 Q. Okay.

13 And that was going to be my next
14 question, is there a permanent option in that
15 regard, understanding that tattoos can certainly
16 be permanent in nature?

17 A. Yes.

18 Q. But you just don't know?

19 A. Correct.

20 In looking at the literature for
21 eyebrows, they strongly suggested not doing
22 permanent, but, again, I don't know why. I
23 would defer really to an plastic surgeon.
24 That's something I would have an expert help me
25 with.

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1 Q. So with respect to the \$34,000
2 lifetime cost, it sounds like that you may need
3 a little more guidance from a plastic surgeon to
4 really finalize that line item?

5 A. I agree. And when I was preparing
6 for the deposition and doing the report, it's
7 like these whole plastic surgical procedures, if
8 you ask me for an artificial arm or a leg or
9 therapy after stroke, that's my wheelhouse. At
10 this point, I have to rely on an expert. I can
11 do the pricing, identify the pricing, but the
12 frequency and type of procedure, I would really
13 need to have an expert.

14 Q. And then you have ER visits of one
15 time every five years.

16 What's the basis for that?

17 A. The basis is, basically, cellulitis.
18 Her skin breaks down. She gets infected. She
19 bleeds all day long when she puts her hands into
20 stuff. So there's the potential for cellulitis.
21 She has had cellulitis of the earlobe. So to be
22 able to say every five years to identify a
23 probability is pretty low. And it's just for an
24 ER visit rather than a hospitalization.

25 Q. Has she had any other cellulitis

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1 A. I don't know --

2 Q. -- for her cellulitis?

3 A. -- but just because somebody has not
4 done it does not preclude them from wanting to
5 utilize it.

6 MR. LaFLAMME: Off the record.

7 (Discussion off the record.)

8 Q. Doctor, going on to page 66, which is
9 "MEDICATIONS," for all of the medications that
10 you have listed here, she is not presently using
11 any of them, correct?

12 A. Correct. I did relate to her some of
13 the medications I thought would be appropriate
14 that she should be on. And I felt that if she
15 was on appropriate medications, she would not be
16 utilizing alcohol.

17 Q. And do you know if she has made any
18 efforts to discuss these medications with her
19 treating physicians?

20 A. I do not. I have not seen her since
21 the home visit.

22 Q. And you have not seen anything in her
23 records where she was prescribed any of these
24 specific medications, correct?

25 A. She was on Duloxetine at one time,

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1 but the rest of these medications are to protect
2 her stomach preventively and so forth, no, I
3 don't see that she's been on any of them.

4 Q. And not only that she has not been on
5 any of them, she hasn't been prescribed any of
6 them, correct?

7 A. Correct.

8 Q. And, Doctor, if you can go to page
9 68, which is the "SPECIAL EQUIPMENT" section,
10 and then this is where you get into some
11 discussion about at least one of the items is a
12 scooter or a couple of scooters?

13 A. Correct.

14 Q. One is a more traditional motorized
15 scooter, and one is an all terrain scooter,
16 correct?

17 A. Correct.

18 Q. She doesn't use either of these
19 presently, correct?

20 A. Correct, but she will use -- when she
21 goes to Walmart, she will use their scooter.
22 But she was a very active lady, hunting and
23 fishing and very active going out into the -- I
24 mean, there are no repertory theaters where she
25 is. They go out and do outdoor activities. And

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1 Those are not issues -- you know, counselor,
2 when a doctor sees a patient, they figure out
3 what they need to do. They don't think about
4 life care planning and hobbies and so forth, so
5 those have not been addressed, that's correct.

6 Q. And you have seen medical records
7 from her podiatrist, correct?

8 A. That they did procedures, that's
9 correct.

10 Q. And within those medical records,
11 there's no reference or even suggestions that
12 she obtain a scooter, correct?

13 A. Correct. You're talking about a
14 podiatrist. You're not talking about a
15 long-term prescription by a physiatrist or a
16 life care planner. They're podiatrists.

17 Q. But with respect to - and I'll just
18 ask it even more broadly - with respect to all
19 of her medical treaters and all of the medical
20 records that you've reviewed, there has not been
21 a mention or suggestion of the use of a scooter,
22 correct?

23 A. Correct. None of them have been
24 asked to provide long-term planning for home
25 capabilities.

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1 or inside the house at a later age?

2 A. No. I think at 50 would be the time
3 that she's going to need to offload, whether
4 it's in the home or outside the home. But,
5 basically, she's using no assistive devices now,
6 and I really think by about 50, she's going to
7 need it in the home and definitely outside the
8 home as well.

9 Q. In her medical records, you haven't
10 seen any discussion or suggestion about a
11 walker, correct?

12 A. Correct. I don't see that anybody
13 asked that question or talked about it, that's
14 correct.

15 Q. And if you could go to page 71, and
16 this relates to a van purchase and subsequent
17 purchases.

18 Do you see that?

19 A. Correct.

20 Q. What type of vehicle does she drive
21 presently?

22 A. I think she's got a truck.

23 Q. Does she have any complaints about
24 using the truck?

25 A. No, but we're talking about what do

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1 we do so she can go places, to put her scooter,
2 and, particularly, an all terrain scooter when
3 she went places.

4 So, counselor, I don't know what
5 bucket of money pays for this, but in order to
6 go places, she needs a van that can take the
7 scooter, and so that's what's needed. I don't
8 know who is going to pay for it. Does it
9 normally come out of what normal people buy; I
10 don't know. But from a practical perspective,
11 she's going to need a van to be able to use that
12 scooter to go places. So if you need this, you
13 need that. It is what it is. That's all I can
14 say.

15 Q. Okay.

16 You would agree that she would have
17 -- let's assume this fire never happened, if she
18 wanted to purchase vehicles for her own personal
19 use moving forward, she would have that cost
20 anyway, correct?

21 A. Absolutely, but not the
22 modifications.

23 Q. And with respect to the van items, is
24 that only required in your mind due to the all
25 terrain scooter?

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1 A. Yes. And, actually, taking the other
2 scooters, too, to, perhaps, church or other
3 places, but the all terrain, the basic reason is
4 so she can go out and about for either of the
5 two scooters.

6 Q. It relates to both the scooters, not
7 just the all terrain scooter?

8 A. Correct.

9 Q. And do you know how often the
10 Wadsworths typically replace their vehicles?

11 A. I don't.

12 The normal replacement, most people
13 replace it in seven years. The problem is the
14 mechanics, the hydraulics don't last more than
15 about five years. So standard, we replace
16 anything that requires hydraulics in five years
17 because of the possibility of being stranded
18 with a ramp left out and you can't get it in or
19 being able to shut the doors and so forth. So
20 the standard is we replace it every five years
21 for vans, if there are hydraulics involved.

22 Q. Wouldn't you only need to replace the
23 actual hydraulics, then, not the van?

24 A. You could do that, but then the cost
25 of doing that is equal to the value of the van,

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1 so, no, they're just traded out.

2 Q. And then I assume, and you do list a
3 resale value after the five years, so you would
4 deduct that from any future purchases, correct?

5 A. Correct.

6 Q. So, basically, just to use your
7 numbers, you're purchasing a van at 47, but
8 you're turning in a van that has a 31K value,
9 then at least for your price that you list for
10 the subsequent purchases, it's a 15K, the
11 difference between those two?

12 A. Correct, correct.

13 Q. For the - and this is, obviously, a
14 small ticket number - AAA membership, what's the
15 purpose of that?

16 A. If you have somebody who can't walk
17 distances or can't stand, particularly, on the
18 hot pavement out in Wyoming, they don't do well
19 if you're not dealing with the right people to
20 come in and help them. So any time we have a
21 van and potential mobility issues, we always put
22 in AAA.

23 Q. Do you know if they're AAA members
24 already?

25 A. I do not.

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1 Q. Going to page 72, where we get into
2 home modifications.

3 When do you anticipate home
4 modifications needing to be done?

5 A. I indicated one time in a lifetime.
6 And I would presume probably at 40 to 50 years
7 of age is when I'm talking about needing that
8 walker. And that's when I would presume that
9 she would use that mobile device in the home
10 more than just out and about.

11 Q. But you tie the home modifications to
12 the use of the walker?

13 A. Around 50 years of age, the aging
14 process and pain and so forth.

15 Q. And when you have the average cost
16 per year for lifetime here, is this cost being
17 obtained as a result of bids received from
18 contractors, or is this being obtained through
19 various web searches?

20 A. So the Veterans Administration
21 indicates about \$120,000 for somebody who is
22 wheelchair dependent. And a lot of that -- hold
23 on one second -- basically, that research is in
24 the back here. We basically indicated what the
25 patient was going to need.

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1 services?

2 A. Correct.

3 Q. All of the items that the personal
4 care attendant would help with, she is presently
5 doing, correct?

6 A. Correct.

7 Q. And she's presently doing them to the
8 extent that, on your questionnaire, she said she
9 does not need help with them, correct?

10 A. Correct.

11 Q. With the "Home Maintenance," she is
12 married, correct?

13 A. Correct.

14 Q. Do you know what home maintenance she
15 was doing prior to the fire?

16 A. No. But, counselor, right now, we
17 have a 52 percent divorce rate among Americans.
18 If you have a patient who has pain and
19 disabilities, it's about a 73 percent divorce
20 rate. So if we, in the legal system, talk about
21 the more probable than not, the idea is to at
22 least provide some kind of security for her home
23 that we're going to give her that there's going
24 to be some maintenance to take care of that and
25 not know that there's going to be a husband

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1 that's going to be there.

2 So if I deal with the percentages,

3 the more probable than not, I've got to think

4 that, and I agree it's very minimal, but it's

5 five hours a month to do that.

6 Q. So in order for the "Home
7 Maintenance" line item to be valid, there's an
8 assumption that she's going to get a divorce
9 from Matthew?

10 A. Well, when we work around more
11 probable than not. So if we talk about a
12 disabled person, there's a very high
13 probability, it's more than 50 percent, that
14 they're going to be single in their life.

15 Q. You haven't read Matthew's or
16 Stephanie's depositions where I asked them about
17 how their relationship was?

18 A. No. I presume it's good at this
19 point.

20 Q. And you don't have any information as
21 to how their relationship is, correct?

22 A. Correct. I'm just dealing with
23 understanding statistics.

24 Q. Did you have a discussion with
25 Mrs. Wadsworth during your home visit about the

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1 strength of her marriage?

2 A. No.

3 Q. So if Mr. or Mrs. Wadsworth stay
4 married, you would agree the home maintenance
5 aspect of your life care plan would not be
6 necessary?

7 A. That's correct.

8 Q. With respect to the "Personal Care
9 Attendant," are you aware of any medical records
10 from any of her treaters that discuss or suggest
11 that she get a personal care attendant to help
12 with some ADLs?

13 A. No, I don't think they've ever been
14 asked that question. That's why I need to reach
15 out to the treating doctors to ask that
16 question.

17 Q. And you're aware that there was a
18 date for expert disclosures in this case, and
19 for yours, it was July 15th, correct?

20 A. I don't know. That's not part of my
21 purview. I see a patient and write a report.
22 That's your stuff.

23 Q. Okay.

24 With respect to page 74, you have two
25 line items, "Phoenix World Burn Congress

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1 was I comfortable with what I was relating. And
2 I, basically, discussed with him the need for
3 getting additional consultations, as we
4 discussed earlier today, the need for additional
5 experts.

6 Q. And what additional experts did you
7 request?

8 A. The plastic surgery discussion in the
9 future; perhaps ophthalmology for the corneal
10 abrasions, and ear, nose and throat for the
11 tracheal burns.

12 Q. So ENT, ophthalmology and plastic
13 surgery?

14 A. Plastic surgery/burn therapies.

15 Q. And did you discuss any specific
16 doctors that you would recommend using in that
17 regard?

18 A. I did not, but I did indicate that we
19 were waiting to perhaps hear from
20 Dr. LeChapelle.

21 Q. Okay.

22 And in your mind, there is additional
23 work on your end to be done on those three items
24 where you don't have any duration, frequency or
25 costs associated?

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1 A. That's correct.

2 Q. You were asked questions about your
3 experience as an expert witness in these types
4 of litigation matters, and whether you've ever
5 had any of your opinions stricken by a court.

6 Do you remember some of those
7 questions early on?

8 A. Yes, yes, I do.

9 Q. And if I wrote correctly in my notes,
10 there was reference to a Collett case that was
11 discussed with you, and whether you were aware
12 of your either opinions being stricken or you
13 even being stricken as an expert.

14 Do you remember some of those
15 questions?

16 A. Yes.

17 Q. Did I understand your testimony that
18 you have no personal knowledge of any findings
19 of that board or what may have happened, what
20 may have been argued or otherwise, correct?

21 A. Correct.

22 Q. Certainly, can I at least safely
23 assume that, at no point in time, do you
24 intentionally endeavor to go beyond the scope of
25 your background, your training, your experience

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1 when you're rendering opinions relating to
2 either the life care planning for a patient or
3 for a plaintiff, or the treatment as a
4 physiatrist of a patient?

5 A. Absolutely. I mean, this case
6 demonstrates why I just need to reach out to
7 certain other treaters and certainly not handle
8 the decisions on my own.

9 Q. And despite, I think, it's, what, the
10 170-odd pages of the complete report that you
11 tendered over, despite as extensive as it is, as
12 detailed as it is, there are portions that we've
13 gone through, there are portions where you did
14 not render opinions as to the exact type of
15 treatment needed, the frequency, or even the
16 costs associated with that treatment, because,
17 frankly, it just goes beyond your scope of
18 expertise.

19 Is that fair?

20 A. That's fair.

21 Q. And that's what we talked about with
22 the plastics, with the ophthalmology and even
23 with the ENT?

24 A. Correct. I don't know what
25 procedures they're going to suggest. I think